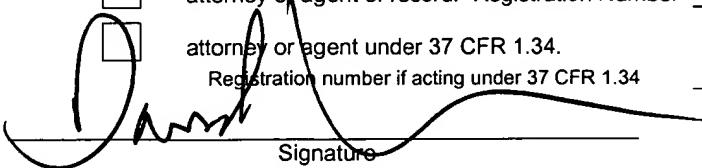


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 02849/000G277-US0																		
Application Number	09/454,770-Conf. #4218	Filed December 3, 1999																		
For RESIDENTIAL AND BUSINESS LOGISTICS SYSTEM & METHOD																				
Art Unit 3623	Examiner	A. Robinson-Boyce																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u>. I have enclosed a duplicate copy of this sheet. </p>				Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
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I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,195</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		 <u>March 29, 2005</u> <u>Date</u> <u>David Leason</u> <u>Typed or printed name</u> <u>(212) 527-7700</u> <u>Telephone Number</u>																		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> Total of _____ forms are submitted.																				

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Dated: _____



AMENDMENT TRANSMITTAL LETTER

Docket No.
02849/000G277-US0

Application No. 09/454,770-Conf. #4218	Filing Date December 3, 1999	Examiner A. Robinson-Boyce	Art Unit 3623
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Applicant(s): Clifford C. Thompson

Invention: RESIDENTIAL AND BUSINESS LOGISTICS SYSTEM & METHOD

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 59 =		x	
Independent Claims	1	- 7 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					60.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 60.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


David Leason

Attorney Reg. No.: 36,195

Dated: March 29, 2005

DARBY & DARBY P.C.

P.O. Box 5257

New York, New York 10150-5257

(212) 527-7700

Express Mail Label No. _____

Dated: _____